

MHP
535

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

FILED

APR 28 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIAName Goodwin John
(Last) (First) (Initial)Prisoner Number E-21765Institutional Address P.O. Box 600 TRACY CA 95378

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

MHP

John Goodwin
(Enter the full name of plaintiff in this action.)

vs.

CV

08

2187

Case No. _____
(To be provided by the clerk of court)SACRAMENTO COUNTY Jail Medical
651 I StCOMPLAINT UNDER THE
CIVIL RIGHTS ACT,
42 U.S.C §§ 1983

(PR)

(Enter the full name of the defendant(s) in this action))

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement TRACY CA D.V.I

B. Is there a grievance procedure in this institution?

YES (✓) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (✓) NO ()

D. If your answer is YES, list the appeal number and the date and result of the

ll

JAW 7-810-800

1 appeal at each level of review. If you did not pursue a certain level of appeal,
2 explain why.

3 1. Informal appeal I FILE A GRIEVANCE THAT I HAD A STROKE
4 IN SACRAMENTO JAIL I FILE THIS GRIEVANCE ON 3-11-07
5 AND THEY TOLD ME I DID NOT. BUT THE U.C. DAVIS DOCTOR TOLD 2. First
6 ME I DID HAVE A STROKE U.C. DAVIS NUREGOITSI DOCTOR
7 FORMAL LEVEL GAVE ME A BRAIN M.R.I. AND IT SHOW A HOLE IN MY BRAIN
8 ON THE LEFT SIDE THEY CALL IT A T.I.A STROKE I WENT TO
9 THE GRIEVANCE AND IT'S ONLY ONE LEVEL IT'S COMPLETE.

10 3. Second formal level

11 4 Third
12 formal level

13
14
15 E. Is the last level to which you appealed the highest level of appeal available to
16 you?

17 YES (X) NO ()

18 F. If you did not present your claim for review through the grievance procedure,
19 explain why. I DID NOT KNOW WHAT TO DO JAIL GRIEVANCE HAS ONLY
20 ONE LEVEL

21
22 II. Parties

23 A. Write your name and your present address. Do the same for additional plaintiffs,
24 if any.

25 JOHN Y GOODWIN E-21765 P.O. Box 600 TRACY CA 95378
26
27

28 B. Write the full name of each defendant, his or her official position, and his or her

1 place of employment.

2 SACRAMENTO COUNTY JAIL

6 III.

7 Statement of Claim

8 State here as briefly as possible the facts of your case. Be sure to describe how each
9 defendant is involved and to include dates, when possible. Do not give any legal arguments or
10 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a
11 separate numbered paragraph. ^{Floor} 5-W-337 CELL

12 ON JAN 2, 07 I WOKE UP IN DEEP SWEAT MY HEART BEATING FAST MY VISION
13 BLUR I HAD NUMBNESS ON MY RIGHT SIDE OF FACE RIGHT ARM RIGHT LEG I GOT
14 UP TO USE THE RESTROOM TO URINATE AS I WAS URINATING I PAST OUT
15 # WHEN I CAME TOO I WAS ON THE FLOOR URINATING ON MYSELF MY CELLIE
16 PUSH THE BUTTON AND THE FLOOR OFFICER MADE ME WALK TO MEDICAL AND
17 THEY SENT ME OUT TO U.C. DAVIS ON 2-14-07 THE DOCTOR DID A BRAIN
18 SCAN ON ME AND FOUND OUT THAT I HAD A T.I.A STROKE
19 I STAND IN U.C. DAVIS HOSPITAL FROM 2-14-07 TIL 2-18-07
20 I HAD A HOLE IN MY BRAIN ON THE LEFT SIDE THEY CALL IT A T.I.A STROKE
21 ON JAN 2, 07 THE NIGHT I HAD THE STROKE THE OFFICER MADE ME WALK TO
22 2 EAST MEDICAL - THE MEDICAL STAFF DID NOT COME AT ALL TO 5-W-337 CELL TO
23 GET ME. THEN THEY MADE ME GO BACK TO MY CELL. THAT'S WRONG.

25 IV. Relief

26 Your complaint cannot go forward unless you request specific relief. State briefly exactly
27 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

28 I WANT THE COURT TO MAKE THIS A CIVIL LAWSUIT AND I WANT TO BE

1 COMPENSATED FOR HAVING A STROKE IN 5-W-337^{CELL}
2 AND THEY OVER LOOKED ME AND ON 2-14-07 I WAS RUSH TO U.C.DAVIS
3 WHERE THEY DID A BRAIN M.R.I & FOUND A HOLE IN MY BRAIN CAUSE BY A
4 STROKE."

5
6
7 I declare under penalty of perjury that the foregoing is true and correct.

8
9 Signed this SAT day of April 12, 2008

10
11 Johnny Goodwin

12 (Plaintiff's signature)
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CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO.)

I.(a) PLAINTIFFS

Johny Goodwin
P.O. Box 600
Tracy CA 95378

DEFENDANTS

SACRAMENTO COUNTY Jail
651 I St
SAC CA 95814

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF
(EXCEPT IN U.S. PLAINTIFF CASES)COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

ATTORNEYS (IF KNOWN)

II. BASIS OF JURISDICTION (PLACE AN "X" IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff
☐ 2 U.S. Government Defendant
☐ 3 Federal Question (U.S. Government Not a Party)
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- | | | | | | |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

- ☐ Original Proceeding
☐ Removed from State Court
☐ Remanded from Appellate Court
☐ Reinstated or Reopened
☐ Transferred from Another district (specify)
☐ Multidistrict Litigation
☐ Appeal to District Judge from Magistrate Judgment

V. NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault Libel & Slander <input type="checkbox"/> 330 Federal Employers Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input checked="" type="checkbox"/> 362 Personal Injury Med Malpractice <input type="checkbox"/> 365 Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 RR & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt Relations <input type="checkbox"/> 730 Labor/Mgmt Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl.Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSIO Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (US Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/CC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing <input type="checkbox"/> 444 Welfare <input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 445 Amer w/ disab - Empl <input type="checkbox"/> 446 Amer w/ disab - Other <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Satellite TV	PRISONER PETITIONS <input type="checkbox"/> 510 Motion to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition			

VI. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION DEMAND \$ ☐ CHECK YES only if demanded in complaint:
UNDER F.R.C.P. 23 JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) IF ANY PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE "NOTICE OF RELATED CASE".

IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2)

(PLACE AND "X" IN ONE BOX ONLY)

☐ SAN FRANCISCO/OAKLAND☐ SAN JOSE

DATE

SIGNATURE OF ATTORNEY OF RECORD

MHP

LEGA

RECEIVED

BRU/PC 607

SHARON W. KIRKING
CLERK OF THE DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Sharon

Clerk of the United States District Court
For the Northern District of California
450 Golden Gate Ave P.O. Box 36060
San Francisco, CA 94102

John Y Goodwin E-21765
P.O. Box 600 West Hall-cell-112
Tracy CA 95378

AL MAIL

MHP

Goodwin

VINCENT
NOTICE OF
CITY OF
SAN FRANCISCO

8/11/12

RECEIVED

Clerk of the United States District
For the Northern District of California
450 Golden Gate Ave P.O. Box 36
SAN FRANCISCO, CA 94102

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4-14-08
LEGAL MAIL

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